



Journal of Asian Midwives (JAM)

Volume 2 | Issue 1

News and Events

6-2015

News & Events

Follow this and additional works at: <http://ecommons.aku.edu/jam>



Part of the [Nursing Midwifery Commons](#)

Recommended Citation

News & Events. Journal of Asian Midwives. 2015;2(1):3–5.

Midwifery Workforce Meeting in Bangkok

A meeting of the midwifery workforce on was held in Bangkok, in March, 2015, sponsored by UNFPA Asian Pacific Regional Office (APRO). Representatives from several countries, including SAARC, Pacific, and ASEAN, attended the meeting. The purpose of this meeting was to discuss and identify actions for the midwifery workforce, as highlighted in the state of world midwifery report (SOWMY), 2014.

Followed by the midwifery workforce meeting, the midwifery regional meeting took place. The main highlight of the meeting was the discussion regarding the South Asian Midwifery Alliance (SAMA), its historical picture, and its regional resource center.

During the discussion, interest was shown by almost all ASEAN members to join the regional Alliance and it was decided to make it a greater alliance, beyond South Asia. As a result, members voted for a new and greater alliance, and the name suggested was Midwives Alliance for Asia (MAA); with the literal meaning of MAA in few languages being 'mother' and 'together'. The new name was approved by the group, and a core group was developed under the leadership of the president of Midwifery Association of Pakistan. The core group developed the strategic objectives and draft constitution, which will be presented in the upcoming meeting, for which funding is awaited.

South Asia consultation on maternal health: regional dialogue and way forward

A Conference, titled “South Asia Consultation on Maternal Health: Regional Dialogue and Way Forward” was held in February, 2015, at Kathmandu, Nepal. The conference was organized by OXFAM and included representatives of many midwifery associations, independent activists, and experts from developmental organizations and NGO’s. The two day conference focused on maternal health issues in South Asia (Afghanistan, Pakistan, Nepal, Bangladesh, India, and Sri Lanka).

The meeting started giving an overview by each country representative of the state of maternal health. Then the discussion turned towards highlighting several challenges, barriers, and strengths of health systems and human resources that affect maternal health in the region. Hence, challenges related to midwifery education, competencies, non-utilization and non-sustainability of midwifery services in the subcontinent, over medicalization, cultural barriers, poor quality of maternal care from antenatal to intra-partum to post-partum care, unintended pregnancies, and non- accessibility and non-availability family planning and post abortion care services were discussed. Moreover, transportation, mobile services, and, in a few countries, involvement of local population in relation to midwifery care service provision were also discussed at length. The problem of fistula, prolapse uterus, poor or misleading figures of MMR, challenges with identification of morbidity, lack of advocacy and structural non formal teaching for respective maternity care also remained a part of the discussion. Further, the group identified that social determinants and effects of harmful cultural practices during reproductive health are not on the radar of the governments. As the meeting progressed, the following four thematic groups were formed, where each group came up with recommendations to incorporate the theme in maternal care.

A) Respectful Maternity Care

To ensure respectful maternity care in the region, the group suggested that cultural and structural competencies need to be created to recognize the structural power, by providing education for sensitization to structural violence, social determinants of equity in violence, and norms of conduct. The group also agreed that accredited mother-friendly delivery facilitates should be created to handle complaints and to enhance advocacy level against violence/abuse, and find local solutions for local problems related to violence and abuse. Moreover, establishment of mother friendly work environments was suggested, where pregnant mothers may easily avail adequate Antenatal, Post natal, and Maternity leaves.

B) Human Resource (HR) for Maternal Health

The group working for the HR theme suggested that maternal health services must be equipped with an adequate number of well-trained HR under the global standards, with clear job descriptions. The HR must work with a team approach and perform their roles defined in their job descriptions with the aim of enhancing midwifery led maternity care and serving most of the rural areas of the region.

C) Maternal Mortality and Morbidity

The group working for maternal mortality and morbidity emphasized the need for a proper definition and for the establishment of reliable data collection systems for these indicators. The group also suggested a system for adequate advocacy, through professional bodies, the media, and the civil society, to be able to address these major problems in a better way. Moreover, mothers must be provided with adequate information during their antenatal and post natal services, about screening for possible maternal factors leading to morbidities.

D) Maternal Health Data Handling

The group that strategized on maternal health data handling suggested that the data must be used by the primary level service providers for learning and decision making. The data on maternal health must be qualitative as well as quantitative. The quantitative data on maternal health must be disaggregating to give a good idea about maternal caste, race, religion, region, and economic status, whereas the qualitative data must identify maternal issues in depth. Systems must be developed for better usage of the maternal data collected so that better policies and programs can be planned accordingly.